

CLAIM OF: **NATIONWIDE MUTUAL INSURANCE
COMPANY AS SUBROGEE OF
GAIL LIPSCOMB
THROUGH ITS ATTORNEY
CANDAGE M. BOUTWELL ESQ.
BOUTWELL & ASSOCIATES, LLC
265 W. Pike Street, Suite 3
Lawrenceville, GA 30046**

For property damages alleged to have been sustained due to
an automobile accident on July 31, 2009 at Memorial
Drive, SE & Bill Kennedy Way.

**BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that
action of the Department of Law be approved in authorizing
payment to **NATIONWIDE MUTUAL INSURANCE
COMPANY AS SUBROGEE OF GAIL LIPSCOMB
THROUGH ITS ATTORNEY CANDAGE M. BOUTWELL
ESQ., BOUTWELL & ASSOCIATES, LLC** the sum of
\$5,740.48 as full and final settlement and satisfaction of all
claims, past, present and future, of every kind and character for
bodily injuries alleged to have been sustained due to an
automobile accident on July 31, 2009 at Memorial Drive, SE &
Bill Kennedy Way as is more particularly set forth in the within
claim; said sum taken from and charged to account
1001/200101/5212005/1512000.

APPROVED: **ROGER BHANDAR
ACTING CITY ATTORNEY**

BY: **JERRY L. DELOACH
DEPUTY CITY ATTORNEY**

FAVORABLE REPORT

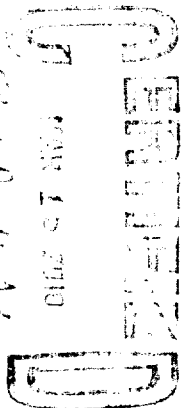
PUBLIC SAFETY &

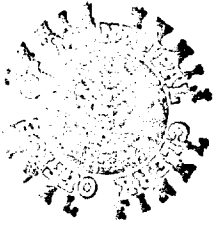
LEGAL ADMINISTRATION COMMITTEE

DATE 3/9/10
C-AR [Signature]
[Signature]
[Signature]
[Signature]

ADOPTED BY
MAR 15 2010
COUNCIL

MAR 15 2010





**MUNICIPAL CLERK
ATLANTA, GEORGIA**

10-R-0432

A RESOLUTION

**BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE**

BE IT RESOLVED BY the Council of the City of Atlanta that action of the Department of Law be approved in authorizing payment to **Nationwide Mutual Insurance Company as subrogee for Gail Lipscomb through Attorney Candage M. Boutwell Esq., Boutwell & Associates, LLC** the sum of **\$5,740.48** as full and final settlement and satisfaction of all claims, past, present and future, of every kind and character, for property damages alleged to have been sustained as a result of **an automobile accident on July 31, 2009 at Memorial Drive SE& Bill Kennedy Way** as is more particularly set forth in the within claim; said sum taken from and charged to Account **1001/200101/5212005/1512000**.

A true copy,

Khonda Dauphin Johnson
Municipal Clerk

ADOPTED by the Atlanta City Council
APPROVED by Mayor kasim Reed

MAR 15, 2010
MAR 23, 2010

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0603

Date: January 30, 2009

Claimant /Victim NATIONWIDE INSURANCE COMPANY AS SUBROGEE OF GAIL LIPSCOMB
BY: (Atty) (Ins. Co.) CANDACE M. BOUTWELL, ESQ., BOUTWELL & ASSOCIATES
Address: 265 W. Pike Street, Suite 3, Lawrenceville, Georgia 30046
Subrogation: X Claim for Property damage \$ 5,740.48 Bodily Injury \$ _____
Date of Notice: 12/9/09 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____ X _____
Date of Occurrence 7/31/09 Place: Memorial Drive, SE & Bill Kennedy Way
Department PUBLIC WORKS Bureau: _____ Office: Solid Waste Services
Employee involved John F. Pittman Disciplinary Action: _____

NATURE OF CLAIM: Claimant sustained damages when her vehicle was struck by the driver of a City truck that was attempting to make a left turn.

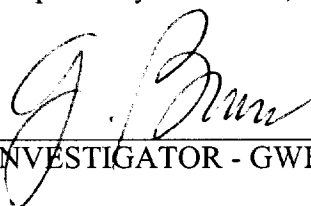
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

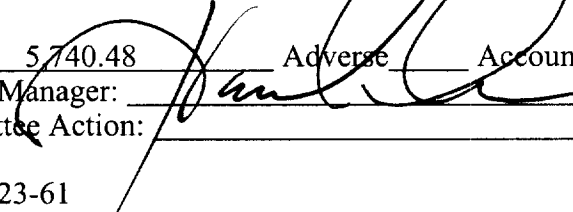
Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 5,740.48 Adverse _____ Account charged: General Fund X Water & Sewer _____ Aviation _____
Claims Manager:  Concur/date 02/08/10
Committee Action: _____ Council Action _____



On Your Side®

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

10- R -0432

BURNS

08/20/09

PO Box 30,000 * Raleigh, NC 27622 * *

August 7, 2009

ENTERED - 8-21-09 - SB
09L0603 - G. BURNS

City of Atlanta / Dept of Law
Attn: Sherry Butler
Phone: 404-330-6401
Fax: 404-494-1693

YOUR CLAIM NUMBER : Unknown
YOUR INSURED : City Of Atlanta
DATE OF LOSS : 07-31-2009
OUR CLAIM NUMBER : 77 10 N 634430 07312009 01
OUR INSURED : Alton Mattox C/o Gail Betty Lipscomb
CLAIMANT CARRIER PHONE :

Dear Sherry Butler:

Our policy holder was recently involved in the above referenced accident with your insured. They are in the process of using their collision coverage with Nationwide Mutual Fire Insurance Company and we will be forwarding a claim for their damages in the near future.

Please allow this letter to serve as notice of our intent to pursue a subrogation claim against your insured's policy. The exact amount of our claim, and the accompanying documentation, will be forwarded once the collision portion is resolved.

This letter is also meant to confirm our insured's deductible in the amount of \$500.00. In the event you are willing to advance our insured's deductible to them, or any portion thereof, please feel free to do so. We will then in turn deduct that amount from the reimbursement owed.

Thank you for your cooperation in this matter.

Sincerely,

Nationwide Mutual Fire Insurance Company
Ashley Leitherer
Claims Department
(803)699-8501

RCS# 124
3/15/10
2:18 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 2

Y Smith	Y Archibong	Y Moore	Y Bond
B Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
Y Winslow	Y Adrean	B Sheperd	NV Mitchell

CONSENT I